

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 171

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Male			

DATE OF BIRTH\* March 13 1929  
(Month) (Day) (Year)

FULL NAME	FATHER
<u>Ysidro Carrasco</u>	
FULL MAIDEN NAME	MOTHER
<u>Cecilia Contreras</u>	

I HEREBY CERTIFY that the child described  
herein has been named

Leandro Carrasco  
(Give name in full) (Surname)

Cecilia Contreras  
(Parent's Signature)

\_\_\_\_\_  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-842-Bower Co.

336-313-332